

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004364

1. Entity Name

KEPASE DEVELOPMENT COMPANY, INC.

Principal Place of Business

12298 MATTERHORN DRIVE  
AIRPORT WOODS INDUSTRIAL PARK  
FT. MYERS FL 33902

Mailing Address

12298 MATTERHORN DRIVE  
AIRPORT WOODS INDUSTRIAL PARK  
FT. MYERS FL 33902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379274

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRITY, PAUL G SR.  
12298 MATTERHORN DR.  
AIRPORT WOODS INDUSTRIAL PARK  
FT. MYERS FL 33902

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GARRITY JR., PAUL G.  
STREET ADDRESS 10 SPINNAKER LANE  
CITY-ST-ZIP ESSEK CT ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME GARRITY SR., PAUL G.  
STREET ADDRESS 3 CLOVER LANE  
CITY-ST-ZIP MADISON CT 06443 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME SEAN R GARRITY  
STREET ADDRESS 40 NEPTUNE DR  
CITY-ST-ZIP MADISON CT ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME GARRITY, KEVIN S.  
STREET ADDRESS 72 WICKFORD PLACE  
CITY-ST-ZIP MADISON CT 06443 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other persons employed.

SIGNATURE:

SIGNATURE REQUIRED

Date

3/6/2000

Daytime Phone #

CR2E034 (9/99)